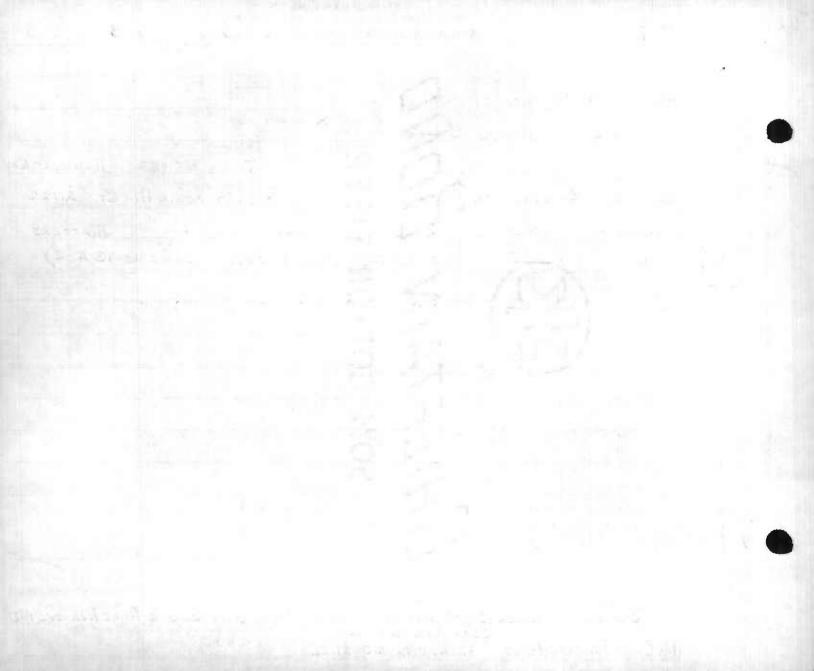
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I ma	3 SE		4 RACE	5. DATE C	P BIRTH	6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	HOURS MIN.
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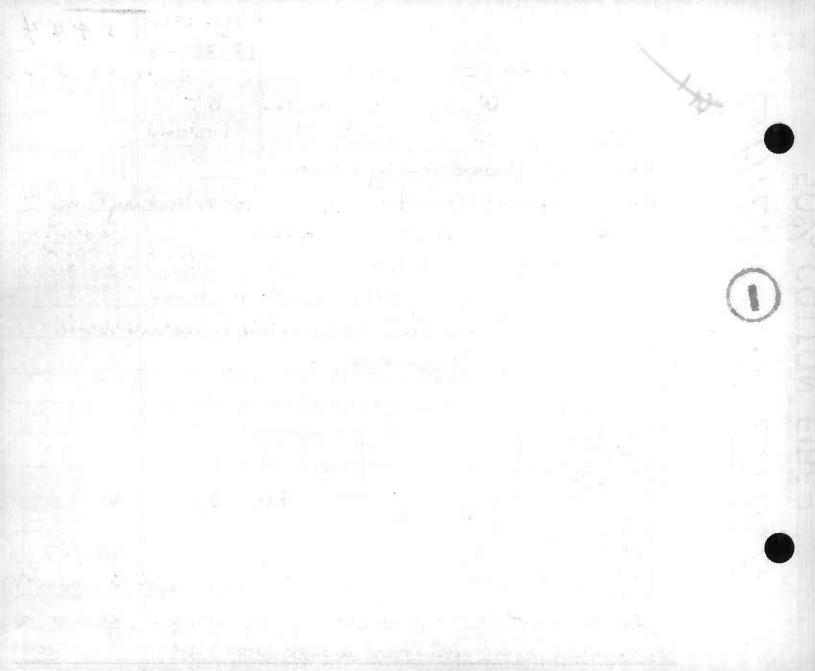
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medicol		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	= 4.0	SECURITY NO. 10-045	Fred H. (	Constan	tine,		PROXIMATE INTERVAL
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Void Death Certificate #87-08447



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH -REGISTRAR REG. NO - DECEASED NAM 20. DATE OF DEATH MONTH DAY YEAR 76 HOUR (TYPE OR PRINT) 4. RACE 5. DATE OF BIRTH 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | U.S. Howard WIDOWE DIVORCED | NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Housewife Domestic 2/044 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP COD 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Roche Murphy 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 MICOPMAINT 046-14-6090 John Eisele 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Conditions, if any, which gave rise to immediate cause (o), stating underlying cause CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 71a. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINERS 211. LOCATION 714 INJURY OCCURRED 71e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) This haspital) attended the deceased from and that in my (aur) apinion death occurred an the date and hour and fram the couses stated DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS MPORT 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236. DATE STATE (SPECIFY) 3-7-87 Ellicott City Crestlawn Md. 4112 Columbia Rd . 250. DATE REC'D. BY REGISTR FAMILIY DHMH - 16 60M 7/B4 FUNERAL HOME, INC Ellicott City, Md. 21043 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME TYPE OR PRINT ESTI-Cynthia Fell Doreen DEATH MATED 1987 4. RACE DATE OF BIRTH IF UNDER 1 YR. AGE (IN YEARS IF UNDER 24 HRS DATE Sept. 24, 1955 AS IRTHDAY White PRONOUNCED 7:08a Female DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX Washington, D.C. U. S. A. Howard County WIDOWED DIVORCED IB. CITY OR TOWN OF DEATH CONTRACTATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Columbia Howard County Hospital Negotiator Maretta Co. SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 21044 13d INSIDE CITY LIMITS? 13a STATE 13b. COUNTY 13e STREET ADDRESS 13c. CITY OR TOWN Maryland Columbia 11900 Blue February Way Howard YES X NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Fe11 Adele S. Bernard Socolar 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 4P2切碎 Caddington Ave. Bernard J. Fell, Silver Spring, Md. 215-48-7252 No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID. CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? WRITIN.

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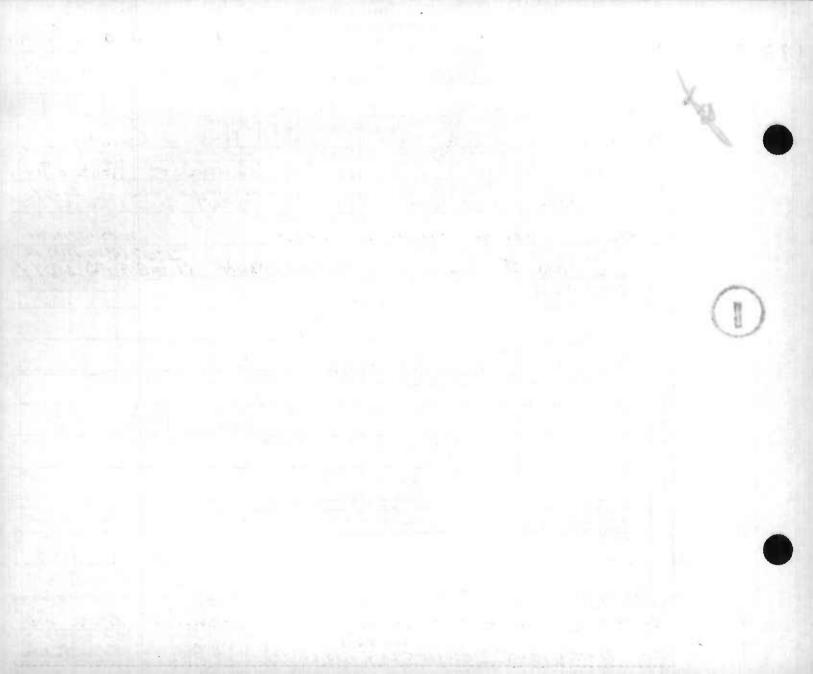
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PRIOR TO BURIA YES X NO [] 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING SOR
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PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PL
AFTER DEATH, WITH THE ST
BATTIMORE, MARYLAND; 2 Autopsy X 220. I certify that Ttook charge of the remains described above, held on Inspection Inquiry Undetermined manner deoth resulted Natural causes Assistant TITLE (SPECIFY) MEDICAL EXAMINER Dennis F. Smyth, M.D. 111 Penn St., Balto., MD 21201 EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 3/26/1987 Judean Memorial Gardens Olney. Montgomery, Maryland 07/B4 2588 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DONALD REMOR STEIN HEBREW MEMORIAL FUNERAL HOME **DHMH** - 17 Julia Devideon. Pandalle 232 CARROLL STREET, N. W., WASHINGTON, D. C. (VR A15 ME (5))

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	ol) ottended the deceased from_	3-13- 1987	_, to 3-13	19.87 that (I) (we) last
		6 , and that in (my) (our) opinion o	leath occurred on the do	ste and hour and from the causes stated
22b. SIGNATURE	view the body offer deoff.	DEGREE		22¢ DATE SIGNED
Writing P W	11400	ATTENDING PHYSICIAN IV	MEDICAL STAF	14ND 2-14-67
224 PHYSICIAN'S NAME (TYPE OF	R PRINT)	22ª ADDRESS		
VOICHNIA P.	VIIMAR	10862 HICK	DVY KIEGE	RA. Columbia
(SPECIFY)			CITY OR TOWN	US BALTO. MD
UNERAL DIRECTOR			1	25b. REGISTRAR'S SIGNATURE
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	REGISTRAR  CEASED NAME E OR PRINT)  X  MALE  IRTHPLACE (STATE OR FOREIGN COUNTRY)  LITY OR TOWN OF DEATH  OLUMBIA  TAL RESIDENCE (IF NURSING HOME OR STATE  PAUL  WAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)  IMMEDIAT  Conditions, if any, which gove rise to immediate couse ol), stofting the underlying cause lost.  PART 2. OTHER SIGNIFICANT OF  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF EITHER, NOTEY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOTEY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE ALWORK  1720. I certify that (I) (this hospit sow the deceased alive on, above, (I) (we) (did) (did not 22b. SIGNATURE  LUBBLA A  RUSHING  REMATION  REMATION  REMATION	STATE REGISTRAR  CEASED NAME  FIRST  ANDRE  CEASED NAME  FORTH  THE PAUL  A RACE  WHAT COUNTRY!  COUNTRY  COUNTR	DEPARTMENT OF HEALTH AND MENTAL HYGE REGISTRAR  CERSED NAME TOPPRINT  PAU  A RACE  WHALE  WHALE  WHALE  WHALE  WHALE  WHORE  ARRIED TO PEATH  II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH ACKING POPE SERVER ADDRESS)  AT RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE ADMESS)  AT RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE ADMESS)  WAS DECEASED EVER IN U. S. ARMED FORCES?  IS. MOTHER'S MADE  PAUL  WAS DECEASED EVER IN U. S. ARMED FORCES?  IS. MOTHER'S MADE  PAUL  IS. CITY OR TOWN  AT HERST NAME  PAUL  WAS DECEASED EVER IN U. S. ARMED FORCES?  IS. MOTHER'S MADE  PAUL  IS. MOTHER'S MADE  PAUL  IS. MOTHER'S MADE  PAUL  IS. MOTHER'S MADE  LAST  WAS DECEASED EVER IN U. S. ARMED FORCES?  IS. MOTHER'S MADE  PAUL  IS. MOTHER'S MADE  PAUL  IS. MOTHER'S MADE  LAST  WAS DECEASED EVER IN U. S. ARMED FORCES?  IS. MOTHER'S MADE  PAUL  IS. MOTHER'S MADE  LAST  WAS DECEASED EVER IN U. S. ARMED FORCES?  IS. MOTHER'S MADE  PAUL  IS. MOTHER'S MADE  LAST  WHO AT HOME OF TOWN  IS. MOTHER'S MADE  LAST  WHO AT HOME OF TOWN  IS. MOTHER'S MADE  LAST  WHO AT HOW IN JURY OCCURE  THE DATE OF OPERATION  IT D	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  REGI



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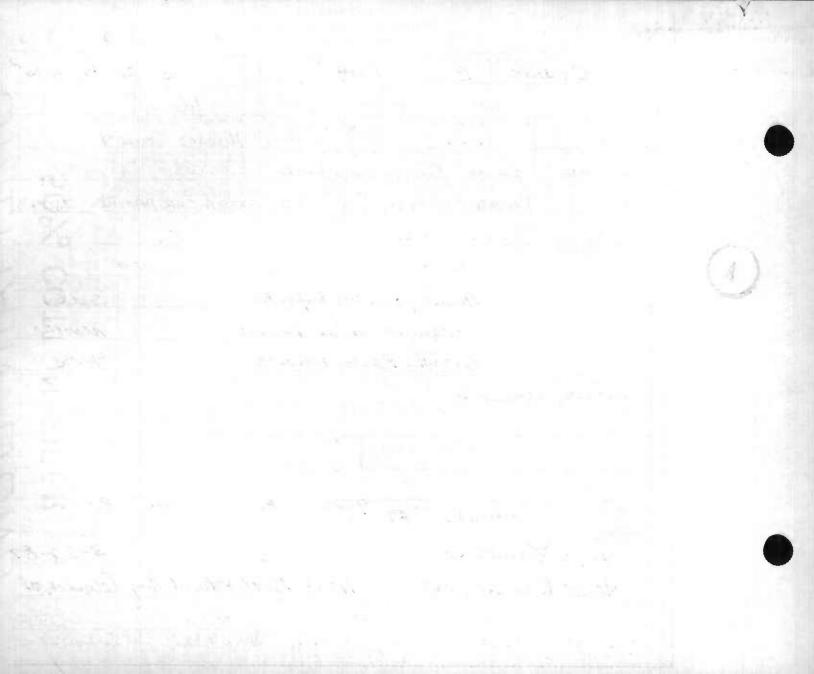
BURIAL 14 FUNERAL DIRECTOR LEROY-M. & RUSSELL C. WITZKE BUNERAL HOMES P.A.

MEADOWRIDGE

DORSEY

MARYLAND

1630 EDMONDSON AVENUE, CATONSVILLE, MARYLAND 21228

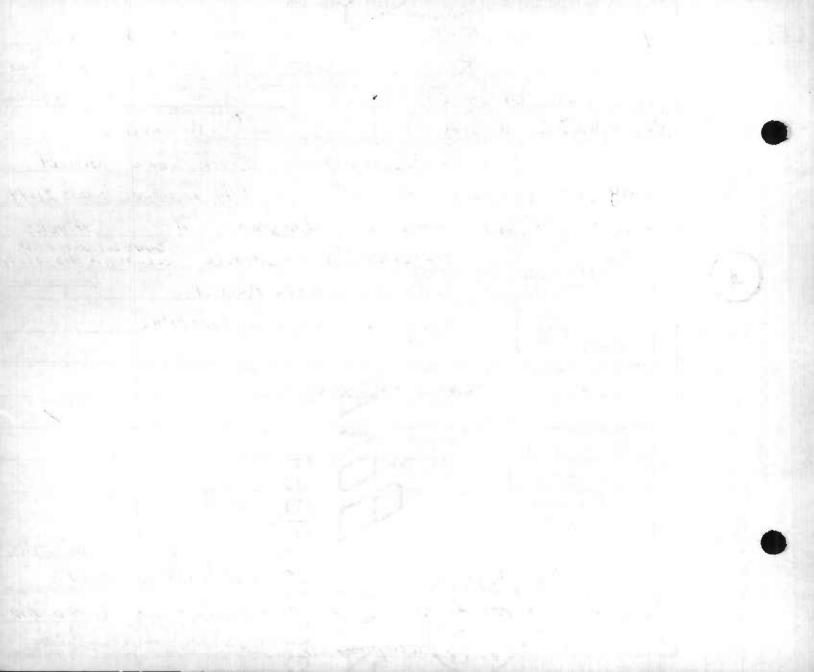


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	TO HOSPITAL OR ATTENDING PHYSICIAN, The low-requires that the positions be executed within 24 hours after death. He executed by the hospital or ottending physician.	TO FUNERAL DRECTOR when this certificate has been signed by the offering payvicint and completely libed in by the funeral distance of detached for use to the bounds training permit. Then places into one control popper, Pages I god 2 should be libed within 72 to with the Store Dept. of Health and Mental Hyperies prior to buriof, committing a present.	WPORTANT If her 21 is marked at here All shows any righty, or other transmotic event, the medical engages to take to have a fine
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The same	3	5	USU A	TATE 13b COUN	other institution give residence before MTY 13c. CITY OR TON COLYN	NN .	134 INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS /	ZIP CODE Cloud	leap	26945
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AL DARE	orie Dept.			226 SIGNATURE	Tordom W	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		3 2	SIGNED 2
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BP		1	(	urial, cremation, removal Burial	March 30'87	Meadow		23d LOCATION CITY OR TOWN	Howard		
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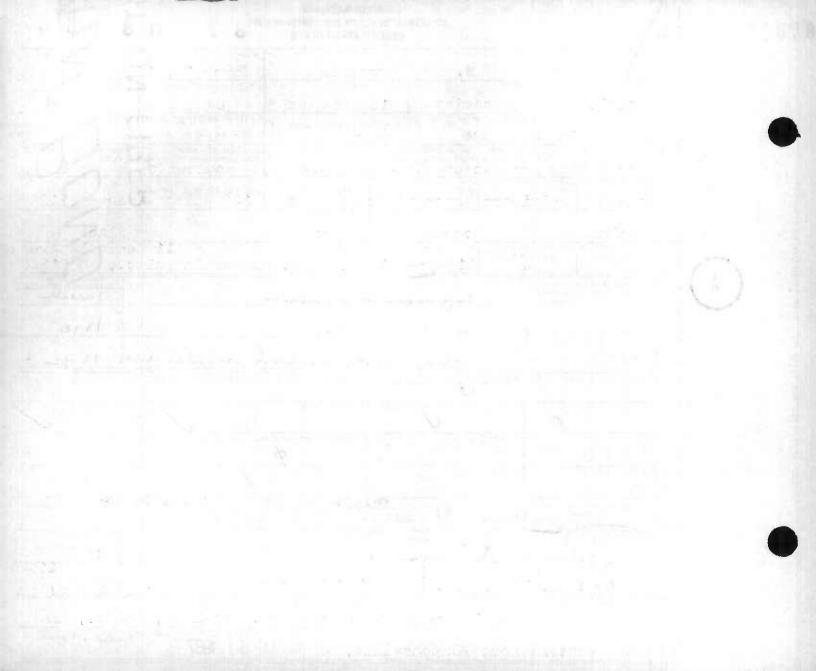
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SAN ELL	Washington, D.C	. W.S.A.	WIDOWED DIVORCED	HOWARD	COUNTY MD.
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COPE S	USUAL RESIDENCE (IF IN NURSING HOA 130. STATE	NE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMI	13d INSIDE CITY-LIMITS 1	3e, STREET ADDRESS	5
2 冬冬那克斯	MARSHAND	HOWARD Colu	MALA YES ON D	6440 LOCKERIOGE	KOAD 21044
MAN 3.2. W. S. C.	IA FATHER'S NAME	MIDDLE LAST	IS. MOTHER'S MAIDEN	NAME	LAST
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1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	No	- 215-54-	6932 ROBT. R. GAS	STROCK COLUM	BIA MD. ZLOYY
1 3/3	18 CAUSE OF DEATH (Enter	anly ane cause per line for (a), (b), and (c).)	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
25555	PART I DEATH WAS CAU	IATE CAUSE (a) CARDIO ~	RESPIRATORY A	RREST	
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DIVISION OF VITAL RECORDS, 201 W. PRESTORS CERTIFICATE SHOULD BE EXECUTED WITHIN BRITING THE WORD "PENDING" IN PENCIL IN ROED TO THE CHIEF MEDICAL EXAMINER A RE 3 SHOULD BE USED AS A BURIAL - TRANISIT DE DEPARJMENT OF HEALTH AND MENTAL HYGHOT PROFINE TO BURIAL, CREMATION, OR REMO		NS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	RMINAL DISEASE OR CONDITION GIVEN IN PART	1 (a).	
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INIS SEP	UNDERLYING OR CONTRIBUTING CAUSE C	2) & PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	2) LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVISION OF VITAL REC R: THIS CERTIFICATE SHOULD E VIE, WRITING THE WORD "PEN DRWARDED TO THE CHIEF ME R: PAGE 3 SHOULD BE USED A E STATE DEPARTIMENT OF HEAL DIV. 21201 PROR TO BENIAL, OF	AT WORK AT WORK				
REST	22a I certify that I took ch	orge of the remains described obave, held ar	Autopsy . Inspection	Inquiry , and in m	ny apinian
EXAMINER: CERTIFICATE OUD BE FOR 1 DIRECTOR: 4, WITH THE S	death resulted fram: No	itural causes , Accident ,	Suicide , Homicide	Undetermined manner,	
EXAMI CERTIFIC DIRECT WITH	1	1 1 100 +	TITLE (SPECIFY)		
A HANGE	SIGNATURE DON	+ Willen	M.D. Logity	MEDICAL EXAMINER SH	ATE Mar 29,1987
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TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH AFTER DEATH, WITH	(TYPE OR PRINT)	KTT. ILOPTON	ADDRESS 2802 M		: 21843
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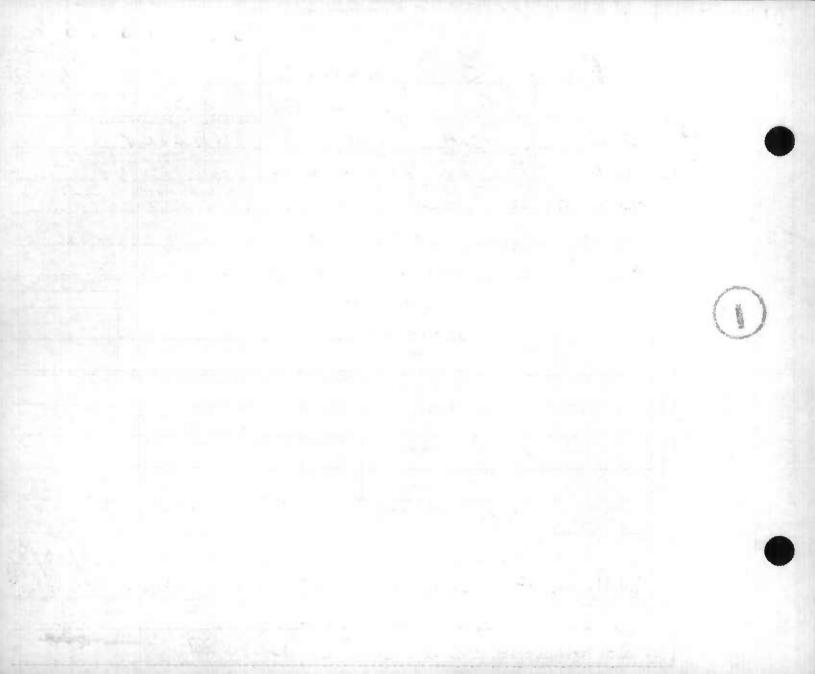


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pog er de	3. SE		4. RACE		5. DATE C			YEARS LAST BIRTHDAY			IF UNDER 24 HRS
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B 1800	70. B	IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIN	ORE CITY OR CO	OUNTY OF DE	ATH	
22	Pe	ennsylvania	U	SA	WIDOWE			ard Cou	untv		MD
1/200		ITY OR TOWN OF DEATH	11 NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a. USUA	LOCCUPATION	12b.		BUSINESS OR
90		licott City	Bon Se	cours E	xtend	ded Care	H	ousewif	r.e	Hor	me
filled to	13a	AL RESIDENCE IF NURSING HOME STATE 135, CO Arvland Ba	UNTY	130 CITY OR TOW	N	13d INSIDE CITY LIMITS?	130 STREET	ADDRESS / ZIP Hilton	code n Aver	nue	21228
200	FA F	ATHER'S NAME				15. MOTHER'S MAIDEN N			19472.07		
11/12	11	John	MIDDLE	Cochran		Anna		WIDDIE	ВЛ	lack	
-		WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECL	RITY NO.	17. INFORMANT		ADDRES\$	1 Sem	inol	e Aven
	4	YES, NO OR UNKNOWN)   1 IF YES.	N A	213-05-	-6718	Gordon A.	Hamme		0		
1 4	-	18 CAUSE OF DEATH (Enter									ATE INTERVAL
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t pe		P		9			YES 🗌		YES [	EAGOEG C	NO NO
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of H of H		sow the deceased alive	not biew the body	atter death	82.0	nd that in (my) (our) opinio	n deoth occur	red on the date a	nd hour and 1	rom the co	auses stated
hed ept.	-	226 SIGNATURE	nor view life cook	oner death.	-	DEGREE	7/517		22	c. DATE S	IGNED
te Does		1	~ X	- 1	M	D. ATTENDING	MEDICA DIRECTO	L STAFF		03/3	0/87
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STATE OF MARYLAND



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		EASED NAMED PER	WIDDIE	~	EAST	20 DATE OF DEATH	MONTH DAY	YEAR 25 HOUR
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Z	2	MD	USA	WIDOW	- 44		ALL	)
4	1	Y OR TOWN OF DEATH	NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV		OROTHER INSTITUTION	12a USUAL OCCUPAT	OF WORKING LIFE)	126 KIND OF BUSINESS OF INDUSTRY Air
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1000	like V	George /AS DECEASED EVER IN U.S. ARMI	P. TAN SOCIA	Jeffers	Eliza Eliza	ADDR	FSS	Jeffers
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0	-			07-5998	[MeIVIN Jeff	ers 1302 Hic	h Ridge	
0 T		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	DV	(b), and (c).)	10			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1:	7	IMMEDIATE	CAUSE Ia)	WYTO T	100			
		Continue I am that	DUE TO, OR AS A CON	SEQUENCE OF				
1		Conditions, if any, which gave rise to immediate cause ial, stating the	(b)	MIO PE	•			
1		underlying cause lost.	DUE TO, OR AS A CON	ISEQUENCE OF				
1 4	,	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTIN	IG TO DEATH BU	T NOT RELATED TO THE TER	RMINAL DISEASE OR CON	IDITION GIVEN	IN PART 110
4 6	CERTIFICATION	HIL DATE OF OPERATION	196. CONDITION FOR V	THE COST AND	NAME DE DE COMPA	200 AUTOPSY?	Tool In Mac 1	USDS SWIP WAS A
8 7 6	FIC	THE DATE OF OPERATION	144. CONDITION FOR V	VHICH OPERATION	DIN WAS PERFORMED		IN CERTIFYIN	VERE FINDINGS USED NG CAUSES OF DEATH?
2+	ERI	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21r HOW INJURY OCCI	JRRED (ENTER NATURE OF INJU	YES [	- 1-1
40 M	165 H I	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONT			THE TENTER NATIONS OF WAR	at he tight to reat	, (4, 44, 2)
27	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19	211 LOCATION			
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412		saw the deceased alive an_	311	2	nd that in (my) (aur) apinio	in death accurred an the d	ate and haur a	
1.4		abave, (I) (we) (did) (did nat)	view the bady after death.		DEGREE			224 DATE SIGNED
		William 7	WILL TO		M & ATTENDING PHYSICIAN	MEDICAL STA	FF	2/11/6
3		PHYSICIAN'S NAME (TYPE OR P	PRINT)		22e ADDRESS	DIRECTOR   PHYSK	IAN [	3/10/0
1 081		William F	= ( Dwe1	SMIT	111055	1.HIP PA	terro of	Colleniby
31	23a B	URIAL, CREMATION, REMOVAL	23b. DATE		CEMETERY OR CREMATORY	23d. LOCATION	Toxer	7/10/0
	1	Burial	3/13/87			CITY OR TOWN		OUNTY STATE
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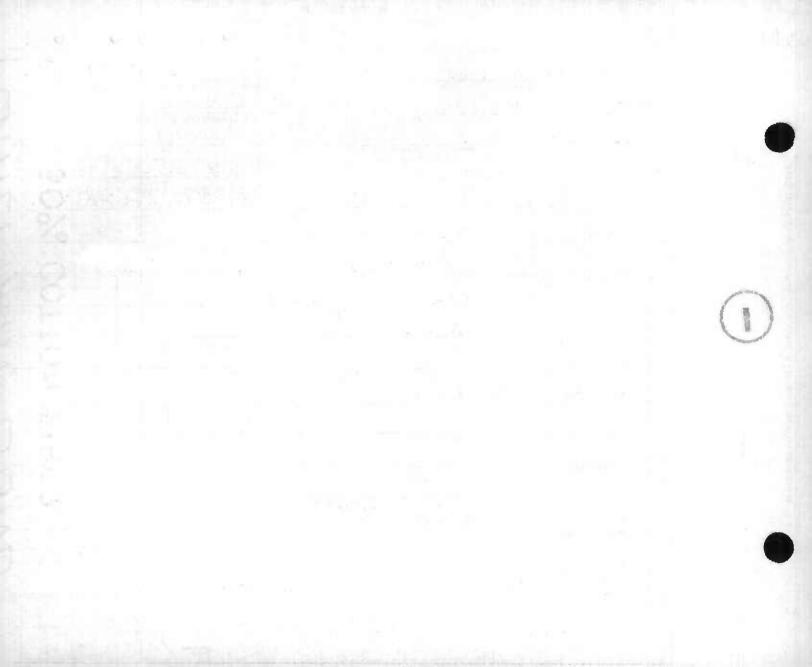


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x x	Pe	ter D Klemmsen			Anna Her	n†z	CPO!
dico		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCI.	AL SECURITY NO.	17. INFORMANT	ADDRESS	Ellicott Cit
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Mentol Hyg or frem 18 sh		OR CONTRIBUTING CAUSE OF DE		ITH DAY YEAR			
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mor		220 I certify that (1) (this hasp	pital) attended the deceased	d from	19.82	10 OPRL	, 19_82_, that (I) (we)
21 is		sow the deceased alive a	n AP1:4 17	19 <u>87</u> , or	d that in (my) (our) apinion	deoth occurred on the date and	hour and from the causes stated
e b t		77h. SIGNATURE	or) view the body after deoti		DEGREE		22c. DATE SIGNED
# E		A CA		20	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	3/12/87
with the Stote	1	224 PHYSICIAN'S NAME UNK	Cir PRIVITY		22e ADDRESS	- A A	101.101
POR		NEDRY L	EV. JE, MD.		11055 1.46 1	showed they labours	is M.
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4044 7 12 1	24. FI	JNERAL DIRECTOR Harry	H Witzke & F	amily Fur	eral Home 250. DA	TE REC'D. BY REGISTRAR 256 REC	GISTRAR'S SIGNATURE
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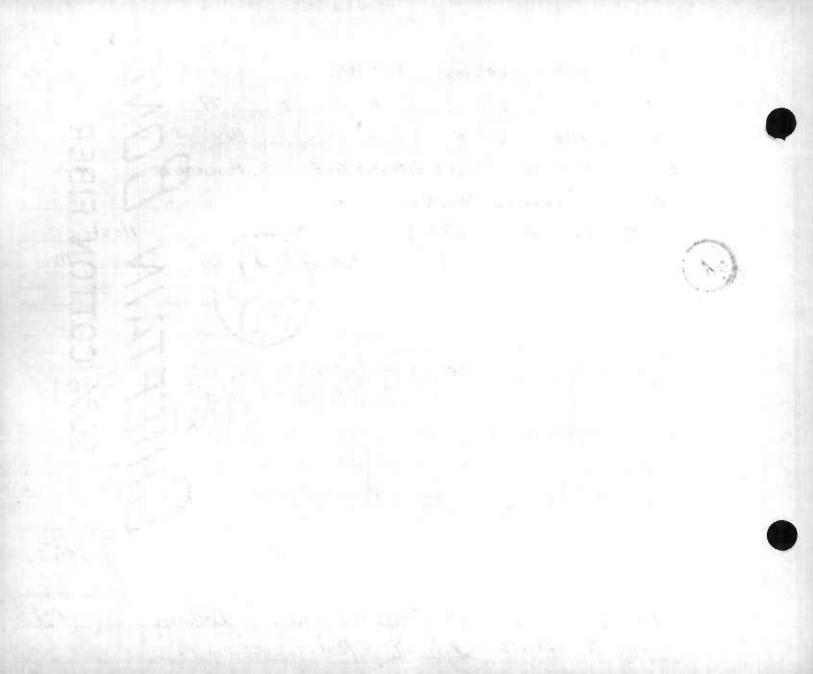
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH YEAR TYPE OR PRINT 16 hoberta Lebowitz Selma IF UNDER 24 HRS 3 SEX 4 RACE 5. DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR 25 7a. BIRTHPLACE I STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Jellico, Tenn. U.S.A. WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h, KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY House Dite Home LIBUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE/BEFORE ADMISSION) 13c CITY OR TOWN 13d INSIDE CITY LIMITS? mi 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Samuel Wender Jennifer Frock 166 SOCIAL SECURITY NO 17. INFORMANT Columbia, Md. 21044 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) Rubin Lebowitz; 5985 Grand Banks Road; APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c), 1 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 201 W. PRESTON ST A CONSEQUENCE OF ( CHO Canditians, if any, which gave rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO T 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased fram sow the deceased alive an 3/7/1/1 T abave, (I) (we) Jaid) (did not) view the bady after death. and that in (m) (aur) apinion death occurred on the date and haur and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 3/24/87 King David Memorial Gde.; Falls Church; Fairfax; Va. 24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 25a DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 1170 Rockville Pike; Rockville, Md. 20852 (VRA 15, 4)



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR				CERTIF	ICATE OF D	EATH	R	EG. NO.	0 0		9 .3
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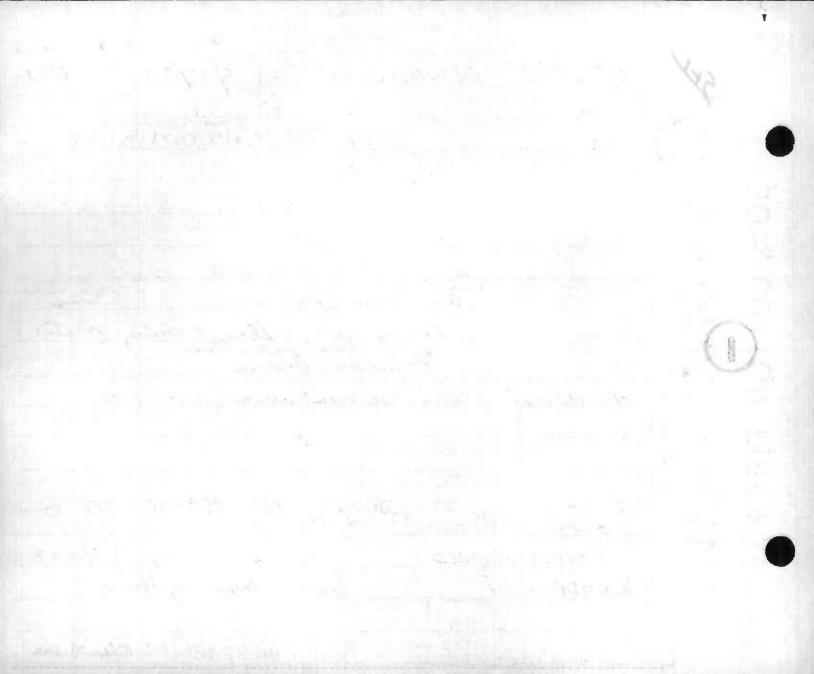
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	pholor or CTOR. All for use of Health		saw the deceased alive an	ntol) oftended the deceosed from 19 ot) view the body ofter death.		nd that in (my) (our) opinion o	death accurred on the date and	, 190, that (I) (we) last hour and from the causes stated
•	AL OF the formal that Diek detochers of Definition of Mr. If It		27b. SIGNATURE	rence 28	le	DEGREE ALLENDING PHYSICIAN C	MEDICAL STAFF DIRECTOR   PHYSICIAN	3.0-87
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	BP	230.	BURIAL, CREMATION, REMOVAL BURIAL	11 MARCH 87	FLORA!	EMETERY OR CREMATORY  L GARDEN HEM.	23d LOCATION GIVORTOWN ATTEMPOINT	GULFORD N.C.
	DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIRECTOR SLACK FLYERAL	Homes Kus	COTC	TY NO LIOY 3	AAR 1 8 1987	SISTRAPS SIGNATURE COLOR
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	1		STATE OF MARYLAND	
010	100 1100		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE  STATE  CERTIFICATE OF DEATH	
0 4 6	109 han 2	2	REGISTRAR  CERTIFICATE OF DEATH  REG. NO.  OF AND HOUSE TERM LAST LODATE OF DEATH MONTH DAY YEAR LOD HOUSE	8
	e 2 2		NEWTON OMOHUNDRO 3 19 87	P
	noy be poge 3 or deoth	3 SEX	X . I4 RACE IS DATE OF BIRTH ADE INDICATE OF UNDER 1 VEAR IF UNDER 24	HRS
	offic.	J. 52.	MALE WHITE S. DATE OF BIRTH MONTH 10 DAYS AGE WAS IN UNDER 1 YEAR 97 AGE WHITE	WIN.
	Poge		IRTHPLACE   ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED   NEVER MARRIED   9 BALTIMORE CITY OR COUNTY OF DEATH	
	deoth.		MD U.S.A. WIDOWED DIVORCED   HOWAVOLOUNTY	MD.
5	other other	10 (1)	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRIBALT  (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRIBALT  (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRIBALT  (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRIBALT  (TYPE OF WORK FOR MOST OF WORK FOR MOST OF WORKING LIFE) INDUSTRIBALT  (TYPE OF WORK FOR MOST OF WORK	CITY
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YLA	thin 2 to 1	-	ATHER'S NAME IS. MOTHER'S MAIDEN NAME	1704
MARYLAND	p old b	V	FIRST MIDDLE LAST FIRST MIDDLE LAST LAST BEULAH BENSON	
	nd co		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  YES, NO OR UNKNOWN)   1   1   1   YES, GIVE WAR OR DATES)	
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ST.,	a phy on po emor		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) asperation prolumence 3days.	
ON			DUE TO, OR AS A CONSEQUENCE OF	
REST	( hia		Conditions, if ony, which gove rise to immediate  DUE TO, OR AS A CONSEQUENCE OF LSOPPhageal reflux & voniting months	
W. PRESTON			couse (o), storing the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF CON	
201			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	=
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ECOI	ony prior	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF (ES., WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
AL RI	hos hos	I F	YES NO YES NO	
TIV.	SICIAN: TI gg physicia certificate rrol-transit tem 18 sh		216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR	
Ö	ding p ding p is certif buriolis Mentol	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	200
DIVISION OF VITAL RECORDS,	G PHY ortendii ord M ond M ked or	MEDICAL	21d. INJURY OCCURRED  21e. PLACE OF INJURY  (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  21l. LOCATION  STREET  CITY OR TOWN  COUNTY  STAT	Œ
۵	or or see of the colth		220.1 certify that Phis haspital) attended the deceased from July 1986, to 19 March, 1987, that (Twe)	) lost
	TTEN Portol for u		sow the deceased alive on 3/19 19 8 7, and that in (av) (our) opinion death occurred on the date and how and from the causes state obove (ave) and (did not) view the body after death.	d
	OR A DIREC DIREC Dept.		226. SIGNATURE DEGREE 22c. DATE SIGNED	18
	- + - + o -		Cholodiules 40 ATTENDING MEDICAL STAFF BYSICIAN DIRECTOR PHYSICIAN BY 19/87	-
	HOSPITAL FUNERAL UID Se Stote		22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS COLUMBIA, MD.	
	etoined by TO FUNERA should be de with the Stot		KOLODRUBETE   LORIEN NUrsing Home "	
		13	BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE	I E
	BP		BURIAL 3/23/87 LOUDON PARK BALTIMORE MARYLANI	)
	DHMH - 16 60M 7/84	LE	UNERAL DIRECTOR  RUSSELL C. WITZKE DEUNERAL HOMES P.A.  250. DATE REC'D. BY REGISTRAR' 256 REGISTRAR'S SIGNATURE  LERON: M. & RUSSELL C. WITZKE DEUNERAL HOMES P.A.  MAR 2.3 1987  Auto Deviden Registrar' 250 Registrar	
	(VRA 15, 4)	16	630 EDMONDSON AVENUE CATONSVILLE, MD. 21228 MAR 2 3 1987 Autia Diridon Radia	



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d within		ohn Javorsky	WIDDLE	LAST		Is MOTHER'S MAIDEN NA	ME	TE		LAST
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he lo on. hos ows	1 1	NIT					YES TO NOT		RTIFYING CAUSE YES T	ES OF DEATH?
physici physici ritificate ol-transition Hygin and Hygin		210. ACCIDENT WAS UNDERLY OR CONTRIBUTION CONTRIBUTION (IF EITHER, NOTIFY MEDICALE)	OF DEATH HOUR	OF INJURY A.M. MONTH ( P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM	18 PART I OR PART 2	
PHYSICIAL trending ph	MEDICAL	21d. INJURY OF CURRED	210. PLAC	CE OF INJURY STREET, FACTORY, OFFICE		211 LOCATION STREET	спус	OR TOWN	COUNTY	STATE
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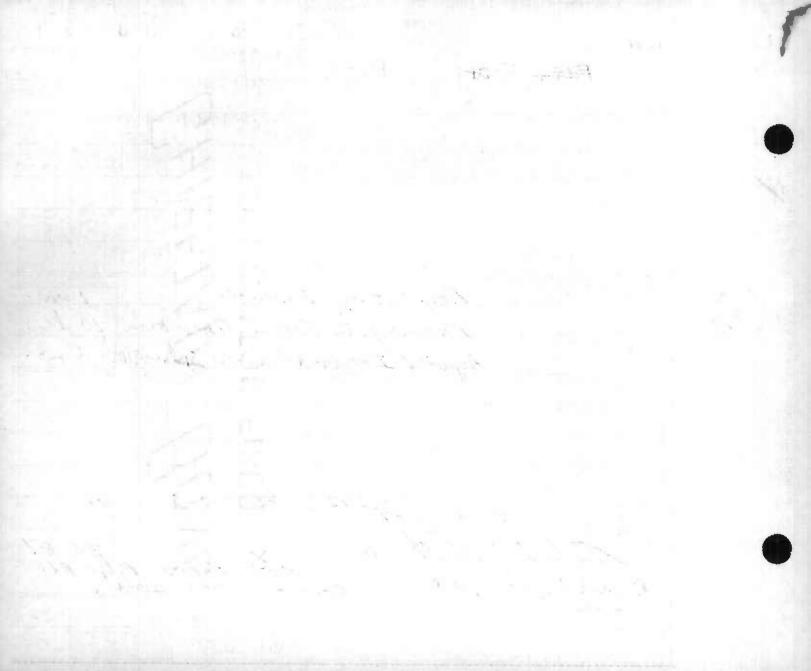
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be be	5		No			1 1 1 1 1 1 1		Dr. John C.	Payne   1885	Farsio		XIMATE INTERVAL NONSET AND DEATH
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DS, 2 quires signe hen p	ijury.	Z	PART 2. OTHER SIGN	FICANT CON	NDITIONS <u>Co</u>	ONTRIBUTINGTO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVE	N IN PART 1	(0)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offending physician. ther this certificate has been sig	ony in	CERTIFICATION	19a DATE OF OPERAT	ON	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES,	WERE FIND	INGS USED
AL RE on. he lo on.	ows	TIFIC							YES NO	IN CERTIFY!		S OF DEATH?
VIT. AN: T hysici	18 sh		210. ACCIDENT WAS UNDE		21b. TIME C	FINJURY M. MONTH D.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAR	RT 1 OR PART 2)	
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PHY tendi	ed ar	MEDI	214 INJURY OCCURRI			OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
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T OR TO	of He 21 is			d alive on	3/2	19 1	7.01	nd that in (ry) our) opinion	death occurred on the o	date and hour i	and from the	
OR A DIREC	ept.		274 SHONATURE	0	2 (			DEGREE			22c. DAT	ESIGNED
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1099BP1			BURIAL, CREMATION, R		March			EMETERY OR CREMATORY W Memorial Pa	23d LOCATION CITY OF TOWN CATONSVI	Ile Ba	TOUNTY	Maryland
77/1/		24. FI	UNERAL DIRECTOR	larry F	Witz	ke & Faml	lv Fu	neral Homy DA	TE REC'D, BY REGISTRAF	256 REGISTR	AR'S SIGN	TURE
DHMH - 16 66 (VRA 15,		1	nc 4112 010	Colum	mbia P	ike Ellic	ott C	ity ADE	2 1987	ilia Des	iden-K	Market Comments

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5555 TWIN KNOLLS ROAD, COLUMBIA, MD. 21045

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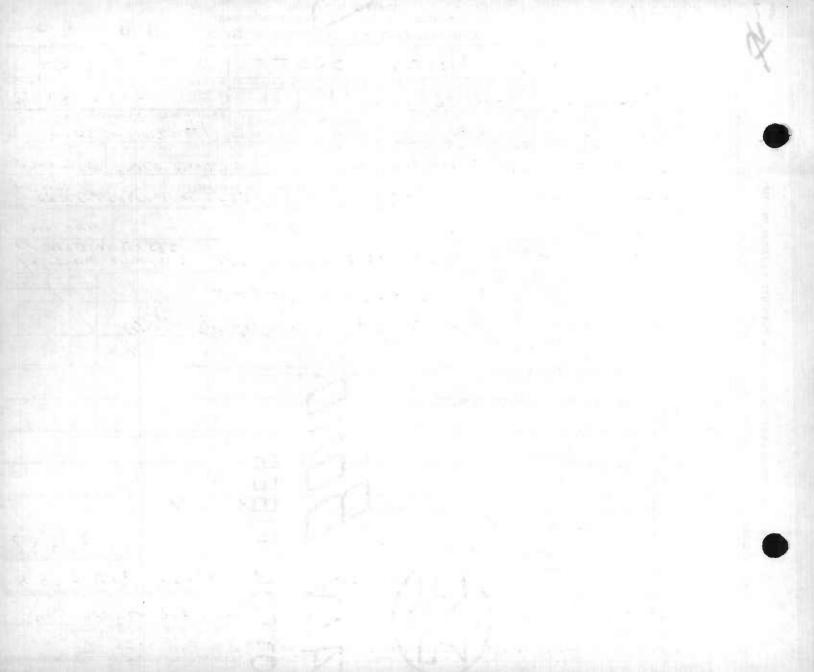
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN X) MONTH (TYPE OR PRINT) REID OF ESTI-3-31-8719 ERNEST 及本本本 FRANKLIN 4. RACE 24 HOUR SEX DATE OF BIRTH IF UNDER 24 HR 2c DATE YEAR LAST BIRTHDAY PRONOUNCED 3-31-87 ,0 White Male 8:50A 10 09 15 71 DEAD YRS BURTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OREIGN COUNTRY Howard County Pennsylvania USA WIDOWED X DIVORCED CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION I IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Security Guard Ellicott Bon Secours Center N. Ridge Rd UAL RESIDENCE HEINNIN OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION! 3a STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 3819 Hickory Ave. 21211 Maryland YES X NO [ 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Milton Reid Laura Smeltzer 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) 215-07-3155 No Susan Reid 3905 Roland Avenue 21211 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Hypertensive arteriosclerotic cardiovascular IMMEDIATE CAUSE disease Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES X NO [ 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE AT WORK NOT WHILE AT WORK EXECUTE THE CATHFICATE PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR IN AFTER DEATH WITH THE STA BALTIMORE, MARTIAND Autopsy 220 I certify that I took charge of the remains described above, held on Inspection Inquiry and in my opinion Homicide Undetermined monner Notural causes TITLE (SPECIFY) ACTUAL SIGNATURE Assistant MEDICAL EXAMINER 3-31-87 EXAMINER'S NAME 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore Burial 4/3/87 Parkwood Cemeterv Maryland 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 Alan Seitz, Jr. 3818 Roland Avenue 21211 (VR A15 ME (5))



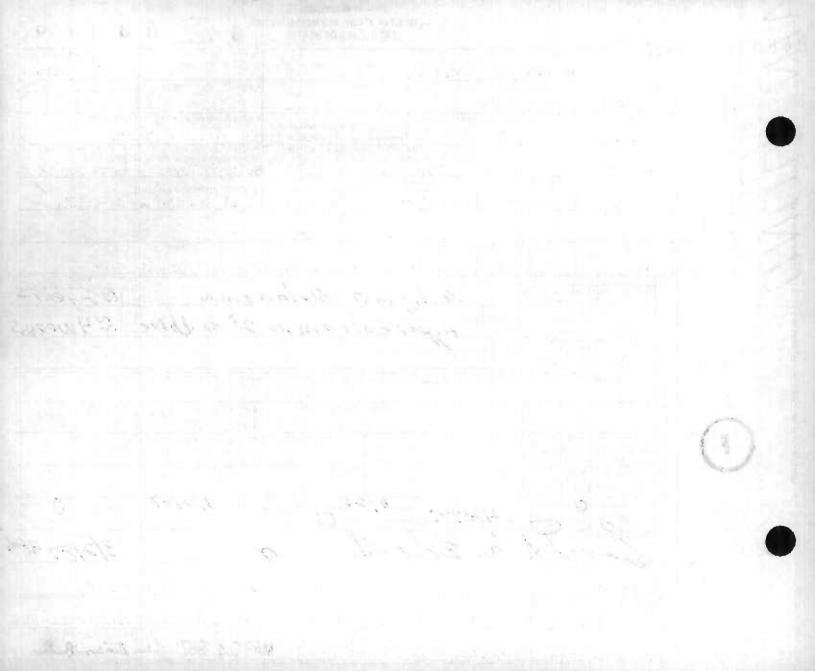
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH MONTH . DECEASED NAME DAY 26 HOUR (TYPE OR PRINT) March 10, 1987 G. .Tohn Schwing 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR MONTH YEAR MONTHS DAYS HOURS Male White 1900 TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTRY NEVER MARRIED MARRIEDAL WIDOWED Marvland DIVORCED Howard County 10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Columbia 8312 Lark Brown Rd. Retired & O Railroad USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 113c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS NO X 8312 Lark Brown Md Howard Columbia FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST MIDDLE ( Unknown) John Schwing Margaret 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Margaret E. Walker 8330 Lark Brown Rd. 705-05-0886 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY Wee IMMEDIATE CAUSE W. PRESTON ST. DUE TO, OR AS A CONSEQUENCE OF ommon Conditions, if ony, which gove rise to immediate the area of the couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost Dancreas DIVISION OF VITAL RECORDS, 301 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 0 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED ď IN CERTIFYING CAUSES OF DEATH? NOD YES [ NO T entol Hyg 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2 094 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 2 21d. INJURY OCCURRED 21e. PLACE OF INJURY 0 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE Po NOT WHILE WHILE AT WORK AT WORK March 220.1 certify that (1) (this hospital) attended the deceased from\_ March sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING TEDICAL STAFF FUNERAL ance PHYSICIAN PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS old b 1420 20707 0 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE CITY OR TOWN LOUNTY STATE BP Burial Meadowridge Howard 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/73 WITZKE & FAMILY 4112 OROLD COLUMBIA PIKE (VR A 15 (4)) FUNERAL HOME, INC. ELLICOTT CITY, MD 21043

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RY, PLEA DIRECTIO OUN STREE	SEX	Take Co	TE 5. D/	ATE OF BIRTH	YEAR LASY MINTHEA	MONTH	DER 1 YR. IF UNDER	MIN. PRONO	ATE DUNCED AD	3-13	DAY YEAR	24 HOUR
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AND 3 TO THE METALIN PAGE	0	OLUMBIA	5	653-D	PITAL, NURSING HOME, ILITY, GIVE STREET ADDRESS) HARPERS FI	ARM	ER INSTITUTION	FOR MOST OF V	CUPATION (TYPE WORKING LIFE)		OR INDUSTR	RY
ON THE PROPERTY OF THE PROPERT	3e ST		136 COUNTY		ERESIDENCE BEFORE ADMISSION 130. CITY OR TOWN COLUMBIA		13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	5653	DRESS HAR	PERS F	ZIC ARM K	044
3	3	THER'S NAME PELVILLE	MIDI	DLE	SCOTT		15 MOTHER'S MAIDE		MIDDLE		4ANN	
1	6a W (YE	AS DECEASED EVER	(IF YES, GIVE WAR OF	FORCES?	214-24-2		HELEN IN.	Scott	COLVI	BINA, I	CAUS FM MD. ZIC	1. RD.
AL, CREMATION, OR REMOVAL.		Canditions, if gave rise to cause (a) stating lying cause last	VAS CAUSED BY: IMMEDIATE CA ony, which immediate g the under-	DUE TO, OR A	AS A CONSEQUENCE O	he he	Cardio L	rrest 145 Culs	er Oss	use	BETWEEN ONSET	MANUFERIA
SAL CRE	CERTIFICATION	19a. DATE OF OPER	ATION	196 CONDIT	ION FOR WHICH OPERA	ATION W	AS PERFORMED?				20 AUTOPSY?	
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	ME	WHILE NOT AT WORK			DRY, FARM, ETC.)		TREET		RTOWN	COUNT	Υ	STATE
ORE, MARYLAND, 2		ACTUAL SIGNATURE	Natural car	T/SZT	ribed above, held on Accident , Suid	Autops	Homicide TITLE (SPECIFY)	Undetermined  MEDICAL EX		DATE SIGNED	3-13-	.87
1	70.BL	EXAMINER'S NAME (TYPE OR PRINT)	REMOVAL 23b DA		231. NAME OF CEM	METERY OF	DDRESS 9/	23d. LOCATION	Cilon	SOUNTY.	J 129	3
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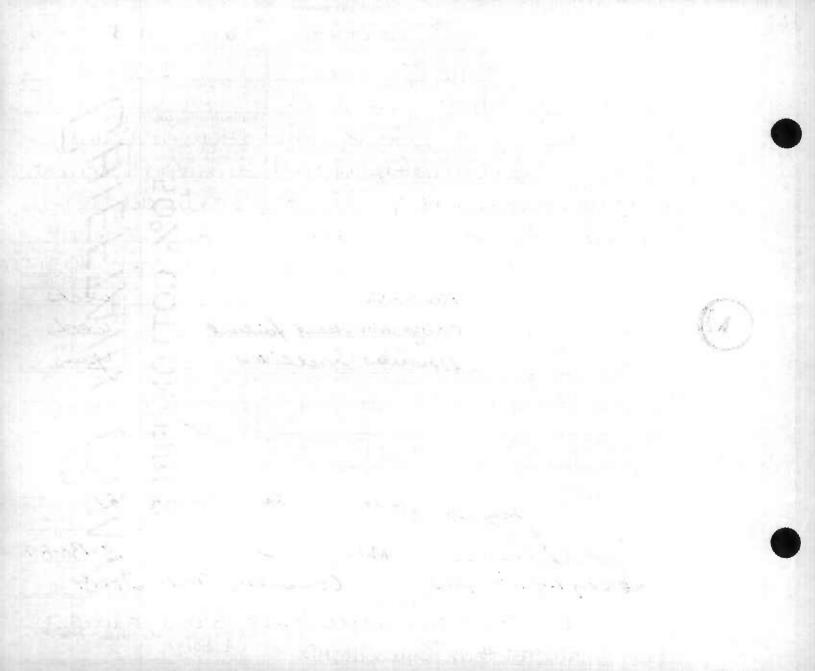
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moy	0.7		3	. SEX	Para Car		4. RACE		5. D/	TE OF BIR			6. AGE	IN YEARS LA	ST BIRTHDAY		UNDER I YEAR	R IF UNI	DER 24 HRS
9	100				Male		White	5		Feb.	21	23		64		YRS.	NINS DATS	HOUR	S MIN.
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PT:	21	137	1	O. CITY	OR TOWN OF DEA	HTA		HOSPITAL, N			HER INSTIT	UTION		AL OCCU		ORKING HEE	12b. KIND (		INESS OR
( 1	4		)		loodstock		3621	Granit	e Road	E				-empi		_	Shaw		Serv.
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ed	To l	3			Arthur		R.		w, Sr.			eresa		E.			Rino		1000
tecut	o p	dical			AS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY N	10. 17.11	VFORMAN	T	100	Al	DDRESS		10 P		
90	0 0	me .			Yes	WW		216-14	4-0342	Do	rothy	B. S	haw,	3621	Gra	nite	Road		
requires that the death	en signed by the attendi	or to buriol, cremation, or injury, or other troumor	STATE OF STA		Conditions, if ony, gove rise to immrcouse (6), stofin underlying couse	mediate ng the lost.	(b)	ONTRIBUTING	SEQUENCE O	DF BUT NOT	RELATED T		AINAL DIS	EASE OR (	CONDITI	ION GIVEN			eels
he low	90	1 5	1	STIFIC	90 DATE OF OPERA			) IT ION FOR W	VHICH OPER	ATION WA	S PERFOR!	MED	200 A	UTOPSY?	IN		WERE FIND ING CAUSE	S OF DE	
AN.	ilisota in a	K	7		OR CONTRIBUTING			OF INJURY M. MONTH	H DAY Y	EAR 21c.	ILNI WOH	JRY OCCUR	RED (ENTI	R NATURE O	F INJURY IN	ITEM 18 PAR	T I OR PART 2)		
PHYSICIAN:	V.	1		MEDICAL	(IF EITHER, NOTIFY MEDI			OF INJURY		19	LOCATION	J	50.1		1000				
G PH	er th	ond	1	ME	WHILE NOT WH	HILE	(AT HOME, ST	TREET, FACTORY, C	OFFICE, FARM, ET	C) 211.	STREET			CITY	OR TOWN		COUNTY		STATE
N	o Aft	mor			20.1 certify that		tol) ottended t	he deceased	from	11/8	6	19	, to	3/	2/8	7 19	9	, that	(we) lost
TTEN	TOR	of He 21 is			sow the decease	ed olive on		25/87	19	_, and the	t in (my) (c	our) opinion	death occ	urred on t	rhe dote o	and hour c	and Irom th	e couses	stoted
AL OR A	the hos	ate Dept.			Dav SIGNATURE	i)	1 Van	一卷	cho	AL	AT PH	TENDING	MEDIC	AL FOR PH	STAFF	· O	3/5 3/5	E SIGNI	7 4P
SPIT	NE D	th the Sto	7		HYSICIAN'S N	AME (TYPE O	R PRINT)			22e	ADDRESS				1.0				
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Ţ	2 -	n > = /			IRIAL, CREMATION,	REMOVAL	23b. DATE		23c NAME				23d. L	OCATION CITY OR TOV			COUNTY		STATE
E	3P	-			Burial		3/5/	87	Crest										ryland
DHA		60M 7/84			NERAL DIRECTOR			ADE	DRESS		229					1 1	AR'S SIGNA		
	(VRA	5, 4)		H	ubbard Fur	neral	Home,	Inc. 41	107 Wi	Ikens	Ave.	N	MAR O	4 19	91 3	Julia,	Deviders	·· Kan	dall



7010 110	1.	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYDICATE OF DEATH	IENE 8 / REG. NO.	0 8	4/	1
ge 3	I. DE	GEASED NAME FIRST SILV	/io Leona	ardo St		AST	March 18,		YEAR 26 HOUR	
ge 4 moy ector, po	3. SE	x Male	White		Apre 1	F BIRTH  8, DAY 1925 YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS	DAYS HOURS	MIN.
Po Pro Pro Pro Pro Pro Pro Pro Pro Pro P	70 B	RTHPLACE (STATE OR FOREIGN COUNTRY) COUNTRY) COUNTRY)	U.S.A.	at country	MARRIE WIDOWE	NEVER MARRIED DIVORCED	BALTIMORE CITY OR Howard Co	COUNTY OF DE	ATH	MD
by the further of the followith		Ellicott City	11. NAME OF HO			2 1 0 4 3	ETECTIFICATION		KIND OF BUSINES	SSOR
filled in rould be impost be	USU 13a M	AL RESIDENCE (IF NURSING HOME O STATE 136, COU aryland Howa	ROTHER INSTITUTION GIV NTY 3 Cd	VE RESIDENCE BEFO	TH CIT	13d INSIDE CITY LIMITS?	13 STREET ADDRESS /	zip code Route 99	21043	
impletely ond 2 sh examine	14. F/	ATHER'S NAME Santo Stamerro	MIGDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAST	
nd co	3.	VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (# YES, SI		56. SOCIAL SEC 219 18	1282	John Satmerr	o 9388 Furr	ow Ave F	Ellicott	Cit
vent, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	nly one cause per lin ED 8Y: (TE CAUSE 10)	Canda	e bul	wereary e	= assest		APPROXIMATE INTERV	DEATH
quires that the death signed by the attend Then please remove ca to buriel, cremotion, a njury, ar ather traumal	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR A		LOW UENCE OF		INAL DISEASE OR CONDI	ITION GIVEN IN I	PART 110	
hos been to permit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITIO	ON FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES   NOT	206. IF YES, WERE IN CERTIFYING O	E FINDINGS USED CAUSES OF DEATH	1?
SICIAN: T ng physici certificate riol-tronsi entol Hygi frem 18 sh		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE  {IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M.	MONTH (	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR	PART 2)	4
attending of the burner of the	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY FACTORY, OFFICE	FARM, ETC )	211 LOCATION STREET	CITY OR TOW	и со	UNTY STA	ATE
TTENDIN pital or TTOR Af for use a of Health		22a.1 certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did) (did no	3/17/	87 10		d that in (my) (aur) apinion	, ta_3   17   & deoth occurred on the dot	2 , 19 and le	, that (l) (we causes stat	
AL OR A the hos AL DIREC Jetoched Jetoc		226. SIGNATURE Rouble	25	2	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF		c. DATE SIGNED	
TO HOSPITA retoined by TO FUNERA should be de with the Stot IMPORTANT		220 PHYSICIAN'S NAME (TYPE	ORPRINT)  J/J/	MI	)	220 ADDRESS	An A .A .	Horfet	il	
BP	23a 6	BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	March 2		NAME OF C	EMETERY OR CREMATORY Park	Ball more	Mar	yland sta	ATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 01	RYAH WITZKE & FUNERAL HOME,	FAMILY 4 INC. E	112.OL	COLUI CITY	MBIA PIKE MAR	E REC'D. BY REGISTRAR 25	Sh. REGISTRAR'S S	6A 6	

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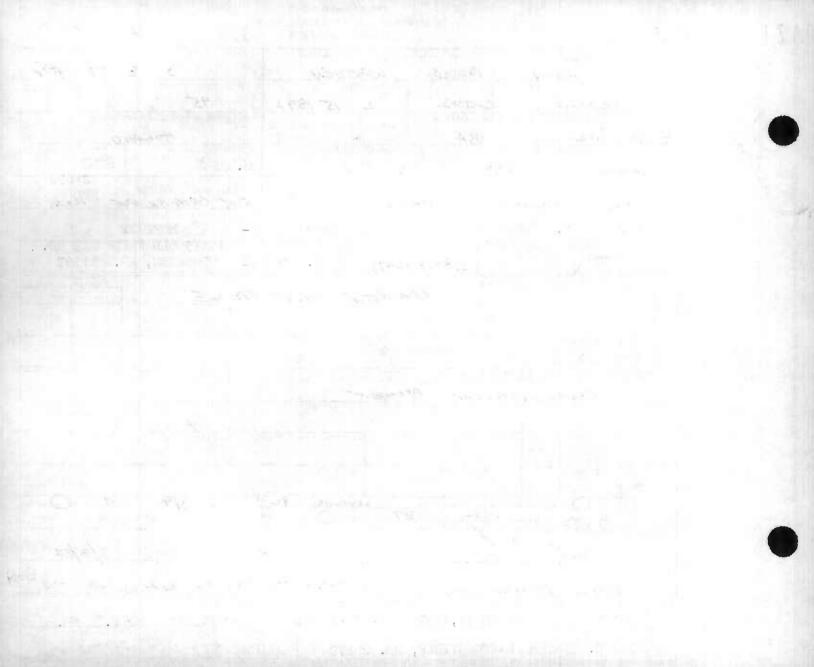
		STATE OF MARYLAND		
8877 APR 1- STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	BIENE B REG. NO. 0	8 4 / 8
1. DECEASED NAM	AE FIRST MIODLE	LAST	26. DATE OF DEATH MONTH DE	AY YEAR 26 HOUR
e o d o o o o o o o o o o o o o o o o o	Pressie Marie	Sullivan	03-2	8-87
3. SEX	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNGER 24 HRS
Ferr Ferr	nale White	02-19-03	84 YRS.	ONTHS DAYS HOURS MIN.
7a BIRTHPLACE (S	STATE OR FOREIGN 76. CITIZEN OF WHAT COUN	TRY?	BALTIMORE CITY OR COUNTY	OF DEATH
1 Mary	and U.S.A.	WIDOWED DIVORCED	Howard !	Country M
10 CITY OR TOWN	OF DEATH 11. NAME OF HOSPITAL, NU	PRSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS O
5 58/15() (rion	1010 13840 TVI	adelphia Road	Hamemaker	Domest
USUAL RESIDENCE	E (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE I			11727
13a STATE	136 COUNTY 136 CITY OR		13e STREET ADDRESS / ZIP CODE	LONG PA
14 FATHER'S D'AME		15. MOTHER'S MAIDEN NA	WE TO AC IT POLICE	dona par
FIRST	MIDDLE	FIRST	WIDDLE	LAST
	eph A. Mull	INIX Mary	ADDRESS	Specific
16a WAS DECEASE (YES, NO OR UNKNO		SECURITY NO. 17. INFORMANT	C .	1 415 0 0
A SE E NO	212-2	6-476/ Gary McC	acken Glene	219,141) 21,
18 CAUSE O	OF DEATH (Enter only one cause per line for (a), (b)	o), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DI	PEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	eigosia		WEEKS
3 (24.3)				
Conditions	if ony, which ( (b) CO.	100 xtice Heart S	i leu e	upper
gove rise	to immediate (b)	vgestive Heart for		
couse (o),	DOL TO, OR AS A COITS	EOUENCE OF	No. 1	1 cha.
or o o'				ques
	HER SIGNIFICANT CONDITIONS CONTRIBUTING	S TO DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N INPART 110
DATE OF	OPERATION 196 CONDITION FOR WI	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
in pho in ho			YES NO YES	
ALCONTRIBUTION OR CONTRIBUTION	T WAS UNDERLYING TO 216. TIME OF INJURY HOUR A.M. MONTH	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)
	TING CAUSE OF GEATH HOUR A.M. MONTH	19		
MEDICAL MENTAL MEDICAL MENTAL MENTAL MENTAL MENTAL MEDICAL MENTAL MEDICAL MENTAL MEDICAL MENTAL MEDICAL MENTAL MEN	OCCURRED 21e. PLACE OF INJURY	211 LOCATION		
Med or work with the big of the b	NOT WHILE	FICE, FARM, ETC ) STREET	CITY OR TOWN	COUNTY STATE
Z = 0 = 0	AT WORK	0.44	4 much	82
	that (1) (this haspital) attended the deceased from the deceased alive an		, 10	9, that (I) (we) la
above, (	(1) (we) (did) (did not) view the body after death.		death occurred on the date and hour	and from the causes stated
od of part and of	THE A	DEGREE		22c. DATE SIGNED
	Allen-	MD . ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	5-130-8
SPITAL od by the UNERAL JUNERAL STANT:	AN'S NAME (FOT OFFICE)	22e ADDRESS		
HOSPITAL  FUNERAL  FUNERAL  PORTANI:	229 LEVUE, MD	Coles	eil, mal.	71844
O to O day & A				
ISPECIFU-	NATION, REMOVAL 236 DATE	230 NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BPBU	1721 103-31-81	Providence (enie	terri Genera t	toward MI
DHMH - 16 60M 7/84	CTOR		TE RECD. BY REGISTRAR 256. REGISTA	AB-FRENCH PROPERTY
	it tuneral Home	Les III N	ALT 0 1 190/17	



047250 11	RI	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	SIENE / O REG. NO.	8 4 7 7
y be death		OK PRINT)	MIRIAM MIDDLE M.	Thomann	20. DATE OF DEATH MONING	2 87 1055 M
oge 4 mo irrector. po iurs after	3 SE	FEMALE	4 RACE WHITE	5. DATE OF BIRTH		IF UNDER LYEAR IF UNDER 2 MIN. MONTHS DAYS HOURS MIN.
death. P. death. P. granning		RTHPLACE LATE OR FOREIGN COUNTRY! VIRGINIA ITY OR JOWN OF DEATH	U.S.A.	MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	HOWARD CO	UNTY MD.
ours after a by the filed will		COLUMBIA	VIE NOT IN CHE FAGILITY GIVE STREE	GENERAL HOSPITAL	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK) TEACHER	12b KIND OF BUSINESS OR INDUSTRY EDUCATION
LIAND 21 hin 24 ho should be	13a	STATE . 136, COU	WARD COLUMB	13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP C	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The low requires that the central central be executed within 24 hours oftending physician.  Ifter this certificate has been signed by the within the central control completely filled in by on the burial-transit permit. Then please remonents mappings loand 2 should be filled in the and Mental Hygiene prior to burial, cremation.		RONALD  VAS DECEASED EVER IN U.S. A		MANN ALTA	MIDDLE G. ADDRESS	GARRISON
ton and rs. Pages		YES, NO OR UNKNOWN) (IF YES, G	212-82-	0862 RONALD J. 1		ME AS # 13
N ST., Be		PART I. DEATH WAS CAUS	only one couse per line for (o), (b), a ED BY: ATE CAUSE (o)		ulure.	approximate interval agriwern onset and death  2 mg
PRESTO Traumot		Conditions, if ony, which gave rise to immediate	DUE TO, OR AS A CONSECT	-explayent fi	tula	2 mos
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been signant. Then srightly by injury	ATION	Brench 190 DATE OF OPERATION	af Asthm	4 HOPERATION WAS PERFORMED		FYES, WERE FINDINGS USED
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ON OF A HYSICIAN Inis certific burial-tr Mental tr Annal tr	MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 21f LOCATION		
DIVISION DIVISION OF THE THE SECONTH ON THE PROPERTY OF THE PR	W	WHILE NOT WHILE AT WORK  220.1 certify that (I) (this hasp	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	city or town	COUNTY STATE
RECTOR Hed for up them 21 is		sow the deceased alive or above, (I) (we) (did) (did no 22b. SIGNATURE	of) view the body ofter death.	, and that in my) (our) opinion of DEGREE	death occurred on the date and	hour and from the couses stated  22c DATE SIGNED
HOSPITAL O		22d PHYSICIAN'S NAME (Type	OR PRINT	ATTENDING PHYSICIAN 22e. ADDRESS 1/0	MEDICAL STAFF DIRECTOR   PHYSICIAN	3/12/87
TO HOSPITA reformed by 1 TO FUNERA should be de with the Stott IMPORTANT	23a. E	BERNARD P.	FARRELL M	D COLU	/ )	21044
BP	24 FI	BURIAL JNERAL DIRECTOR	3/16/87 C	HRIST CHURCH CEMETE	CRY COLUMBIA	MARYLAND  STATE MARYLAND  STATE MARYLAND
DHMH - 16 60M 7/84 (VRA 15, 4)		EROY M. & RUSSI 555 TWIN KNOLLS	ELL C. WITZKEDENU S ROAD, COLUMBIA,	NERAL HOMES P.A.	R 1 3 1987	Dindon Randaer

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE BRADLEY WARTHEN 1. DECEASED NAME 2a DATE OF DEATH MONTH YEAR 2b. HOUR MARY (TYPE OR PRINT) 87 IF UNDER 1 YEAR 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) FUNDER 24 HR MONTH YEAR cauc. 15 1892 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED HOWARD , cam WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR 5115 GREENBRIDGE ROAD DAYTON USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21036 13a STATE 113b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 13t. CITY OR TOWN NO X 5114 GRANBRIAGE DANTON Houges 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME WILLTAM BRADLEY LAURA MOFFATT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 1547DORESTD FREDERICK RD. 16b SOCIAL SECURITY NO ( IF YES, GIVE WAR OR DATES) MARY B. LAMBERT WOODBINE. MD. 21797 218-34 -647 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY CONGESTIVE HEART FAILURE IMMEDIATE CAUSE (p) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOSA 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR (# EITHER, NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE AT WORK 220.1 certify that (1) this haspital) attended the deceased from. and that in (my) (our) apinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR FUNERAL MPORTANT 224. PHYSICIAN'S NAME (TYPE CO PRINT) 22e ADDRESS should be with the 0 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23d LOCATION BURIAL STATE COUNTY ROCKVILLE UNION ROCKVILLE 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 MURTEL H. BARBER LAYTONSVILLE, MD. 20879 (VRA 15, 4)



1630 EDMONDSON AVENUE, CATONSVILLE, MD



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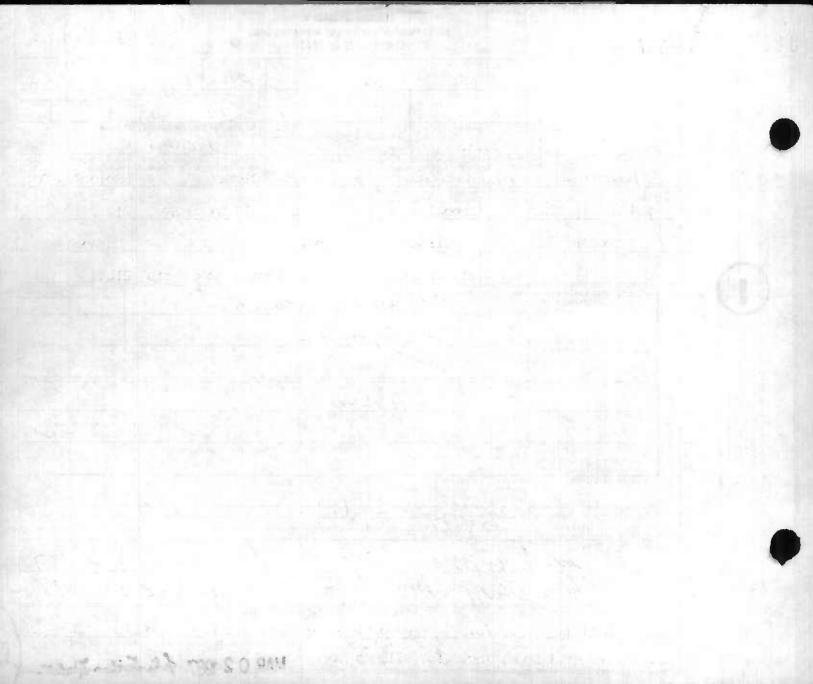
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STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE 3	REG. N	0.	8	44	8	i di
LAST	20. DATE C	FDEATH	MONTH	DAY	YEAR	2b. HC	UR
WITMAN	2/1	187				/-	2

-	17	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	0 0 %	(Jan		
		CEASED NAME FIRST		MIDDLE	-	AST	20. DATE OF DEATH MONTH	H DAY YEAR	26. HOUR		
1	LANE	ESTHE	R	E.	WI	LMAN	3/1/87		12 AM		
3.	SEX	X	4 RACE		5. DATE C		6 AGE JIN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS		
	,	FEMALE	WH	ITE	MONTH	25 - VEAR	79	YRS. MONTHS DAYS	HOURS MIN.		
70		RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY	? 8.		9 BALTIMORE CITY OR CO				
7		Pennsylvania	U.S	. A .	WIDOWE	D NEVER MARRIED K	HOWA	ral	MD.		
10	_	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND (	OF BUSINESS OR		
	-1	Columbia	11	and Go	1	General	Clerk		Cup Co.		
U	SU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION						cup co.		
		STATE ISL COUR		13c CITY OR TO		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP				
_	_	aryland A.A	•	Brookly	n PK	YES NO K	610 Lorca Ave	e. 21225			
17	1	FIRST	MIDDLE	LAST		FIRST	WIDDIE		AST		
X.		Ferounand		Wilm		Sofia	ADDRESS	Unkno	own		
100		VAS DECEASED EVER IN U.S. AR	E WAR OR DATES)	166 SOCIAL SEC		17 INFORMANT					
L	1	NO		213-01-	3874	June R. Vin	ck 8 Turk Gart				
		18 CAUSE OF DEATH (Enter or		line far (a), (b), a	ind (c)			BETWEEN	XIMATE INTERVAL		
Г		PART I. DEATH WAS CAUSE IMMEDIA	E CAUSE (a)	10190	(AM	1AL INFAN	uton				
			DUE TO O	R AS A CONSTOL	IENICE AE				TEST SET		
		Conditions, if any, which	(6)	7	now	H+MIA					
		gave rise to immediate couse (a), stating the	) (0,_				40199-1-0199-1-0				
		underlying couse lost.	DUE TO, O	r as a conseou	DENCE O						
Н	Н	PART 2 OTHER SIGNIFICANT (	(5)	ONITRIBUTING TO	DEATH BUT	NOT BELATED TO THE TERM	WILL DISCLASE OF CONDITIO	ALCOVENIBLE AND L			
1 2	2	PART 2 OTHER SIGNIFICANT	ONDITIONS CO	JINIKIBUTING TO	A	CUD.	TINAL DISEASE OR CONDITIO	N GIVEN IN PART I	101		
4) }	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH			H OPERATIO	N WAS PERFORMED		IF YES, WERE FIND			
1 5	7					YES NO YES NO NO NO NO					
1 5	H H	210. ACCIDENT WAS UNDERLYING	7 216 TIME C	F INTURY		1216 HOW INTURY OCCUPI	RED (ENTER NATURE OF INJURY IN IT		NO LO		
		OR CONTRIBUTING CAUSE OF DEA	1 110110 4	M. MONTH	DAY YEAR	The state of the s	CENTER INCIDER OF HANDER PARTY	IM ID TAKE I ON FAKE 21			
13	2	(IF EITHER NOTIFY MEDICAL EXAMINER			19						
1 5	MEDICAL	21d INJURY OCCURRED	21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY OFFICE,	FARM ETC )	211 LOCATION STREET	CHTY OR TOWN	COUNTY	STATE		
1		AT WORK AT WORK				1.10	211	1			
		220-1 certify that (1) (this hospital) attended the deceased from									
	М	saw the deceased alive an above, (1) (we) (did) (did no	nd have and from the	e causes stated							
		226. SIGNATURE		orie deari		DEGREE	/	22c. DATE	E S/GNEO		
Н		1111anc	7 )	1/177							
1		22d. PHYSICIANIA DAME (TYPE C	R PRINT)		1	22e ADDRESS	DIRECTOR   PHYSICIAN		1110		
ŀ		1/ARIC	DAV	15 /1	70	9051BA	LTNA+ BIC	ecc	MA210		
22	00 0	BURIAL, CREMATION, REMOVAL	23b. DATE	122.	NIAME OF C	EMETERY OR CREMATORY	23d LOCATION				
13		(SPECIFY)					CITY OR TOWN	COUNTY	STATE		
24	F .	Burial	3/3/	8/	Meadow	ridge Mem. Pk			Md.		
			T	Agoresa	21	-22	E REC'D BY REGISTRAR 256. R		TURE		
	H	ubbard Funeral	Home, 1	nc. 410/	MITKE	ens Ave.	D 0 0 4000	1. 1º	See .		

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE KNOWN DONALD HINOM 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 4 RACE AGE (IN YEARS | IF UNDER IF UNDER 24 HRS 2d. HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED DEAD Male White Dec. 1. 1936 50 7RS Ta. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED FOREIGN COUNTRY) U.S.A. New York WIDOWED [ DIVORCED OUDIL 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION ITYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS OR INDUSTRY Intl Sales Engineer -Toshiba Huston Columbia 5774 Sweet Wind Place USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 5774 Sweet Maryland Howard Columbia YES NO KK Wind Place 21045 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Wilson Cushing Donald Marv C. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17. INFORMANT ADDRESS LYES, NO. OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) 183-28-9406 Sybil L. Wilson Same as # 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WOOD PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNEAL DIRECTOR, PAGE 3 SHOULD BE SEEN AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTIMORE, MARYLAND, 21201 PROR TO BUTLIMORE, NO DE 21a EXTERNAL CAUSE WAS 71% TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE Inspection 22a I certify that I taak charge of the remains described above, held an Autopsy and in my apinion death resulted from Notural couses Hamicide Undetermined monner EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 73r NAME OF CEMETERY OR CREMATORY COUNTY (SPECIFY) 3/5/87 Maryland Westview Crematory Catonsville Cremation BP 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR Russell C. Wittzke Funeral Homes P.A. **DHMH - 17** (VR A15 ME (5) 5555 Twin Knolls Road, Columbia, MD. 21045 20M 4/B2



					STATE OF MARYLAND	· · ·	
		1,	FOR	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE ,	0 0 0 1
		1.	STATE REGISTRAR		CERTIFICATE OF DEATH	3 /	00000
6	855 MAD 10	17				REG. NO	
O	000 111111 12		CEASED NAME FIRST	MIDDLE	£AST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
	2 th 3	11.00	EORPRINT) ROLT	ha	Young.		3 10 87 715A.
6.	oy be		NOF			1.405	/ / / / / / / / / / / / / / / / / / /
AV	E d'a	3. SE	X	4. RACE	S. DATE OF BIRTH	6. AGE IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
1/	s of a	1 /	-emale	1. chita	12 18 09	77	
1	2 11 100	7- 0	IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?		A DALTIMODE CITY O	R COUNTY OF DEATH
	7 700	70. 0	COUNTRY)	76. CITIZEN OF WHAT COUNTRY!	MARRIED NEVER MARRIED	7. BALTIMORE CITT O	K COUNTY OF DEATH
	TE ENDON	2	New York	IISA	WIDOWED DIVORCED	HOWA	rd ( WINTE MD.
	1 2 th A	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSI	NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	ON 126, KIND OF BUSINESS OR
	4 41 X /	10		(IF NOT IN SUCH FACILITY, GIVE STREET		TYPE OF WORK FOR MOST O	
0	2 24 76		Dlumbia	Howard County	, General Hospital	Retired	Secretary
212	8 5 x A	USU	IAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		A STATE OF THE STA	
0	4 33 4	-	STATE 13b COU			13e.STREET ADDRESS	
Z	2 4		aryland Howa	rd  Columbia			Rivers Rd 21044
7	1 20/1	14.F	ATHER'S NAME		IS. MOTHER'S MAIDEN NA		
A	1 48 1/		dwin Pierce	MIDDLE LAST	FIRST	MIDDLE	LAST
2	2 55 100			uso seesses IIII sees uses		odruff	
N.	8 55 51		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b. SOCIAL SECTION OF DATES	JRITY NO. 17. INFORMANT	ADDRE	55
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= 5	A 34 1		T			did 10221 L	AUDROVIMATE INTERVAL
BA	5 165		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), ai	nd (c),)	/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
- 2	4 4223			TE CAUSE (a)	umonia, prieu	mococcal	NK.
S	2750		IMMEDIA	TE CHOSE (d)			
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OK.	\ y # = # # E		gove rise to immediate cause (0), stating the	}			discontinuo
3	404		underlying cause last.	DUE TO, OR AS A CONSEOU	ENCE OF		
201	1 0000	- 10		(c)	<u> </u>		
. 2	2 0000		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART Tra
DS	· 五百百章	CERTIFICATION	Chronic ,	Obstructus P.	James VV Dis		
Ö	1 1 1 1 -	一点	19a, DATE OF OPERATION	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20s AUTOPSY?	206. IF YES, WERE FINDINGS USED
Ä	o b b b	20	THE DATE OF STERATION	TAL CONDITION TOR WHICH	TOTERATION WASTERFORMED	200 A010101	IN CERTIFYING CAUSES OF DEATH?
7	e p b o o	<   E	Marie Colonia Colonia			YES NO	YES NO
=	N. T. ysici	THE ST	218. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART 1 OR PART 2)
~	P S S S S S S S S S S S S S S S S S S S		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR		
0	Sic series	15	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M.	19		
DIVISION OF VIT	Pis John Miss	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION	CITY OR TO	WN COUNTY STATE
/ISI	the the	Σ	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC )	CHIORIO	AND COUNTY STATE
á	So the state		AT WORK — AT WORK			<del></del>	07
	S des E			ital) attended the deceased fram.	3-2 19 8	7 , ta 3-	
	ATTEN Spirol CTOR J for u		saw the deceased alive ar	3-09- 19	🙎 /, and that in (my) (aur) apinian	death accurred an the do	ate and hour and fram the causes stated
			22b. SIGNATURE	ot) view the body after death.	DEGREE	/	22c DATE SIGNED
	OR Dep		128. SIGNATURE	1 1	O. ATTENDING	MEDICAL _ STAF	
			Dechard W.	Amila 4	PHYSICIAN	DIRECTOR PHYSIC	FIAN 3-10-87
	AN Second	1	22d. PHYSICIAN'S NAME TTYPE	OR PRINT)	22e ADDRESS 1080	2 Hickory	Ridge Rd.
	TO HOSPITAL TO FUNERAL should be det with the State	/	0/1/1/	Coutt mid	, ,		1 - 1 - 0
	MPC W		Richard W.	SMILK	Columbia	nd. 2104	4
	D = 5 + 3 ₹ 7	230.	BURIAL, CREMATION, REMOVAL	236 DATE,	NAME OF CEMETERY OR CREMATIONY	23d. LOCATION	
			[SPECIFY]	March 11'87 23 W	NAME OF CEMETERY OR CREMATORY	CITY OF TOWN	COUNTY STATE
	BP	Lo	remation.	March 11'8/ W		Catonsvil	
		C 24 F	remation UNERAL DIRECTOR Harry	March 11'8/ W	V Funeral Home24 PA	Catonsvil	COUNTY STATE  ST

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